PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/685,616 Filing Date 10/14/2003				To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
	FOR	N	IUMBER FIL	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), o	or (c))	N/A		N/A		N/A		]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p), o	E or (q))	N/A		N/A		N/A		]	N/A		
TO1 (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
IND (37	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *			]	x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ets of pape 250 (\$125 tional 50 s	ation and drawin er, the application for small entity) sheets or fraction (a)(1)(G) and 37	on size fee due ) for each on thereof. See							
	MULTIPLE DEPEN	]			]							
* If t	the difference in colu	ımn 1 is less than	zero, ente	r "0" in column 2.	_	TOTAL		]	TOTAL			
L	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			ER THAN ALL ENTITY	
AMENDMENT	06/26/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ĬξΙ	Total (37 CFR 1.18(i))	· 19	Minus	·· 21	= 0	]	x \$ =		OR	X \$50=	0	
뷡	Independent (37 CFR 1.16(h))	• 6	Minus	<del></del> 6	= 0	]	x \$ =		OR	X \$200=	0	
ME!	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
L		(Column 1)		(Column 2)	(Column 3)							
	10/18/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ا L	Total (37 CFR 1,18(i))	· 19	Minus	·· 21	= 0	1	x \$ =		OR	X \$50 =	0	
AMENDMENT	Independent (37 CFR 1,16(h))	* 6	Minus	··· 6	= 0	1	x \$ =		OR	X \$210 =	0	
	Application Size Fee (37 CFR 1.16(s))					1			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
*** If	If the entry in column 1 is less than the entry in column 2, water 0" in column 3.  If the "Highest Anthered Previously Parid For IN THIS SPACE is less than 30, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "30".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "30".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Parid For I											

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life lated by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.